Substitute fo	or form 1449/PTO			Complete if Known			
				Application Number	10/697,606		
INFOR	RMATION DIS	CLOS	URE	Filing Date	October 29, 2003		
STATEMENT BY APPLICANT			ANT	First Named Inventor	Wolff, Gregory		
				Art Unit	2442		
(Use as many sheets as r	necessary)		Examiner Name	Michael D. Meucci		
Sheet 1 of 2		Attorney Docket Number	015358-005210US				

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Examiner	Date
Signature	Considered

EXAMINER: initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with nost communication to applicant.

*Applicant's unique caltaino designation number (polina). *Applicant is unique caltaino designation is attached.

Substitute	Substitute for form 1449/PTO				Complete if Known		
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